

CONTINUING EDUCATION

CONTACT VERIFICATION

TO BE COMPLETED BY SOCIAL WORK LICENSEE

LICENSEE'S NAME: _____

MAILING ADDRESS: _____

SOCIAL WORK LICENSE NUMBER: _____ LICENSEE'S SIGNATURE: _____

EXPIRATION DATE OF LICENSE: _____ X _____

TO BE COMPLETED BY INSTRUCTOR, OR SPONSORING AGENCY/GROUP

On this date, _____ (specify calendar date) I certify that the Social Work Licensee named above attended a workshop, program, or inservice training session or completed a course of study on

_____ (specify topic covered, or program title),

for a total of _____ contact hour(s) of instruction – not including registration time, refreshment break time, or meal break time.

I further certify that the topic(s) covered on this date is/are relevant to social work practice and is/are not related to the specific administrative procedures of any single agency or organization.

NAME OF INSTRUCTOR (please print)

Or AGENCY SPONSOR/REPRESENTATIVE: _____

TITLE OF INSTRUCTOR/SPONSOR/REPRESENTATIVE: _____

SIGNATURE OF INSTRUCTOR/SPONSOR/RESPRESENTATIVE: _____

X _____

IF LICENSED SOCIAL WORKER, SPECIFY LICENSE NUMBER: _____
THANK YOU!

THIS FORM SHOULD BE RETAINED BY THE SOCIAL WORK LICENSEE AND SUBMITTED WITH RENEWAL APPLICATION FORM AND FEE AT THE TIME OF THE NEXT RENEWAL APPLICATION. THIS FORM MAY BE REPRODUCED LOCALLY. EXTRA COPIES OF THE FORM MAY BE OBTAINED FROM THE BOARD OFFICE AT 334/242-5860, or by our Web page: www.socialwork.alabama.gov
